

**18<sup>TH</sup> ANNUAL COMMUNITY FORESTRY WORKSHOP**  
**THURSDAY OCTOBER 7, 2010 (8:00 A.M. to 4:00 P.M.)**

**REGISTRATION FORM**

Please note that the number of registrants is limited to 150 people. We will honor registrations in the order of their mailing date and time of arrival up to our capacity.

Registration fee: **\$75 per person**, (\$65/person for each supervisor when accompanied by staff). Please send all registration forms together to receive reduction in supervisor's fee). **NEW this year** – Student Rate (**\$35/person** for current students with Student ID). ***Make check payable to the City of Westminster or use the attached credit card billing form.***

A. Name: \_\_\_\_\_

B. Name: \_\_\_\_\_

C. Name: \_\_\_\_\_

D. Name: \_\_\_\_\_

Company, School, County or Municipality: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**PAYMENT:** Enclosed is a check or money order for \$\_\_\_\_\_ in payment of \_\_\_\_\_ registration(s). Number of parking passes required \_\_\_\_\_ (Passes and a parking map will be mailed to all attendees.)

**SESSION: Each participant must pre-register for one field session only.** Space is limited; please indicate your first and second choices from the following field sessions:

**Session 1: Tree Injections** - This session will feature New Materials and Techniques for Tree Injections

**Session 2: A300 Tree Pruning & Safety** - This session will be designed to explain Best Management Practices including, Cleaning, Thinning, Reduction and Raising

**Session 3: Hazard Tree Identification & Reporting** - This session demonstrates how to Identify, Assess and Record Concerns

**Session 4: Insect, Disease and Plant Clinic** - This session reviews Common Tree & Shrub Problems and Solutions

A. Name: \_\_\_\_\_  
First Choice: \_\_\_\_\_  
Second Choice: \_\_\_\_\_

C. Name: \_\_\_\_\_  
First Choice: \_\_\_\_\_  
Second Choice: \_\_\_\_\_

B. Name: \_\_\_\_\_  
First Choice: \_\_\_\_\_  
Second Choice: \_\_\_\_\_

D. Name: \_\_\_\_\_  
First Choice: \_\_\_\_\_  
Second Choice: \_\_\_\_\_

**Return by September 24, 2010 to:**

Melissa Hynes  
56 West Main Street  
Westminster, MD 21157

Phone: (410) 848-7967  
E-mail: [mhynes@westgov.com](mailto:mhynes@westgov.com)  
Fax: (410) 857-7476

**ACCOMMODATIONS**

If you need overnight accommodations: Contact the Best Western at (410) 857-1900 or the Days Inn at 410-857-0500.